

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	5

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

11784.65

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeff Prior

05/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO (Support Services)

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
815 16th St., N.W.

Amount

280.00

City
WashingtonState
DCZip Code
20006Purpose of Expenditure
Print ShopCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

10386.55

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

3357.14

City
WashingtonState
DCZip Code
20036Purpose of Expenditure
Phone center rentalCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

68126.79

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
2221 Wentwood Valley Dr. #44

Amount

164.75

City
Little RockState
ARZip Code
72212Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

7681.27

(a) SUBTOTAL of Itemized Independent Expenditures

3801.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 22**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Austin Blanch

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
5526 Lost Horizon Circle SE

Amount

City	State	Zip Code
Prior Lake	MN	55372

45.00

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

Full Name (Last, First, Middle Initial) of Payee
Blue and White Taxi

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
1400 Van Buren Street NE #120

Amount

City	State	Zip Code
Minneapolis	MN	55413

32.88

Purpose of Expenditure
Cab fareCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

66.88

Full Name (Last, First, Middle Initial) of Payee
William Bradshaw

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
P.O. Box 561

Amount

City	State	Zip Code
Mt. Ida	AR	71957

123.20

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

985.60

(a) **SUBTOTAL** of Itemized Independent Expenditures

201.08

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

8217.38

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

8393.89

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee

Stanley Cash

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

1622 Gaines

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

5236.00

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Crown Plaza

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

2876.70

Full Name (Last, First, Middle Initial) of Payee

Kayla Danford

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

1008 Arrowhead Drive #3

Amount

45.00

City

Oxford

State

OH

Zip Code

45056

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

Full Name (Last, First, Middle Initial) of Payee

Dustin Durbin

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

6306 Stevens Rd

Amount

45.00

City

New Washington

State

OH

Zip Code

44854

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

(a) SUBTOTAL of Itemized Independent Expenditures

156.90

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
PO Box 360001.

Amount

1017.30

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure
AirfareCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

10482.38

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
PO Box 360001.

Amount

8.00

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure
Booking feeCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

10490.38

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
Hardin Rd

Amount

172.92

City

State

Zip Code

Little Rock

AR

72203

Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

13618.73

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

1198.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
Hardin Rd

Amount

312.08

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

13930.81

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Joseph Fazzio

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
5011 South Swanson St.

Amount

25.00

City
Las VegasState
NVZip Code
89119Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

818.20

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Rod Gilstrap

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
3721 Magnolia

Amount

123.20

City
North Little RockState
ARZip Code
72116Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

985.60

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

460.28

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Cheryl Hodges

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
905 Palmer Avenue

Amount

123.20

City
Little RockState
ARZip Code
72019Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2340.80

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

10690.82

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
2560 North First Street, Suite 150

Amount

379.30

City
San JoseState
CAZip Code
95131Purpose of Expenditure
AirfareCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

379.30

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

720.68

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

409.30

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

379.90

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

789.20

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

819.20

(a) SUBTOTAL of Itemized Independent Expenditures

439.90

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

379.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

1198.50

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

1228.50

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

406.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

1634.80

(a) SUBTOTAL of Itemized Independent Expenditures

815.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

1664.80

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

406.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

2071.10

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

2101.10

(a) SUBTOTAL of Itemized Independent Expenditures

466.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

393.30

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2494.40

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2524.40

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

421.80

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2946.20

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

845.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

2976.20

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

408.80

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

3385.00

Full Name (Last, First, Middle Initial) of Payee
Jerry Feldman-American Express Travel

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

2560 North First Street, Suite 150

Amount

30.00

City

San Jose

State

CA

Zip Code

95131

Purpose of Expenditure

Airfare booking fee

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

3415.00

(a) SUBTOTAL of Itemized Independent Expenditures

468.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990713876
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
4195 West 22nd St

Amount

City State Zip Code
Cleveland OH 44109

25.00

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 9391.44

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
4195 West 22nd St

Amount

City State Zip Code
Cleveland OH 44109

176.51

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 9567.95

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Kevin Litten

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
635 Probasco St

Amount

City State Zip Code
Cincinnati OH 45220

45.00

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 610.00

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

246.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Catherine Mangini

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
605 Fitzwater Street

Amount

45.00

City
PhiladelphiaState
PAZip Code
19147Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

Full Name (Last, First, Middle Initial) of Payee
Melinda Mellem

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1263 Rose Vista Ct

Amount

45.00

City
RosevilleState
MNZip Code
55113Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

Full Name (Last, First, Middle Initial) of Payee
Tony Orr

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
28 Bentley Circle

Amount

176.51

City
Little RockState
ARZip Code
72210Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

5497.83

(a) SUBTOTAL of Itemized Independent Expenditures

266.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990713878
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
411 6th St.

Amount

City State Zip Code
Newcastle DE 19720

25.00

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 695.00

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Anthony Pickens

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
53 Glenwood Ave
Apt 210

Amount

City State Zip Code
Minneapolis MN 55403

45.00

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 45.00

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address
1203 Emerson St. Apt 21

Amount

City State Zip Code
Denver CO 90218

25.00

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 9391.44

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) **SUBTOTAL** of Itemized Independent Expenditures

95.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City
DenverState
COZip Code
90218Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

9567.95

Full Name (Last, First, Middle Initial) of Payee
Heather Rozzo

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

819 SW 14th Ct.

Amount

25.00

City

Ft. Lauderdale

State

FL

Zip Code

33315

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

1351.08

Full Name (Last, First, Middle Initial) of Payee
Ian Semasko

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Mailing Address

499 Edwards St

Amount

45.00

City

Latrobe

State

PA

Zip Code

15650

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

45.00

(a) SUBTOTAL of Itemized Independent Expenditures

246.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and BenefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

3388.00

Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
302 E. Roosevelt

Amount

123.20

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

5112.80

Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City
WardState
ARZip Code
72176Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

7195.40

(a) SUBTOTAL of Itemized Independent Expenditures

422.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **19 / 22**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Logan Strom

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
16401 Chenal Valley Dr
Apt 2203

Amount

123.20

City	State	Zip Code
Little Rock	AR	72223

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought 1232.00Full Name (Last, First, Middle Initial) of Payee
Neema Suphan

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
109 Truman Street

Amount

123.20

City	State	Zip Code
Morrilton	AR	72110

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought 246.40Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
3804 W. Capitol Ave

Amount

123.20

City	State	Zip Code
Little Rock	AR	72205

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought 5359.20(a) **SUBTOTAL** of Itemized Independent Expenditures

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

75.50

Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought 22174.72Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

75.50

Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought 22250.22Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

94.51

Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought 22344.73

(a) SUBTOTAL of Itemized Independent Expenditures

245.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

49.12

Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 22393.85Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Corey Tory

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
25 Barnwood Circle

Amount

City State Zip Code
Little Rock AR 72209

123.20

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3646.20Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Dewayne Watson

Date

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0Mailing Address
416 East 15th Street

Amount

City State Zip Code
Little Rock AR 72202

123.20

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2032.80Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

295.52

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 / 22

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Mailing Address
3126 Oakland Ave S

Amount

45.00

City
MinneapolisState
MNZip Code
55407Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐

Primary

☐

General

☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought

1035.00

(a) SUBTOTAL of Itemized Independent Expenditures

45.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

12132.53